

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

097890774

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2			1			
3				1		
4				1		
5						
6				3		
7				3		
8			1			
9				1		
10				1		
11				1		
12				1		
13				1		
14				1		
15				1		
16				1		
17				1		
18				1		
19				1		
20				1		
21				1		
22				14		
23			1			
24				1		
25				1		
26				1		
27				4		
28				4		
29			1			
30				1		
31				1		
32				1		
33				1		
34				5		
35			1			
36				1		
37				1		
38				2		
39			1			
40				1		
41				1		
42				3		
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.		↓	6	↓		↓
TOTAL DEP.		↔	64	↔		↔
TOTAL CLAIMS			70			

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS